UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF WEST VIRGINIA

AT

v. Case Number

NOTICE OF CHANGE OF ATTORNEY INFORMATION

Select and complete the appropriate section of this form to update your name and/or firm information, to add your name as counsel of record, to change representation within your firm, or to remove your name from the court's service list <u>for the above-entitled action only</u>. DO NOT use this form to withdraw from the above-entitled action, which requires a motion to withdraw and a court order pursuant to LR Civ P 83.4.

| | I,, hereby provide this <i>Notice of</i> | | |
|--|--|--|--|
| Name of Attorney Change of Attorney Information to the Court and request the Clerk's Office to: | | | |
| 0 | Please add my name as counsel of record <u>in the above-entitled action only</u> as follows: | | |
| has m | m/government agency, | | |
| 0 | Please change within-firm representation <u>in the above-entitled action only</u> as follows: | | |
| My fi | rm/government agency,, | | |
| by | , | | |
| whose | ade an appearance in the above-entitled action. I request to be substituted as counsel of record for the party(s) on behalf the above-named attorney has appeared and further request the court to remove the above-named attorney he court's service list for this case only. | | |

| USDC/ATTY-006 (Rev. 4/09) Notice of Change of Attorney Information | | |
|--|--|--|
| | | |
| 0 | Please remove me from the Courfollows: | t's service list <u>for the above-entitled action only</u> as |
| I am to | o remain counsel of record for the following pa | arty(s): |
| notifyi | | e orders, correspondence, motions, pleadings, notices, etc., and am ice list for this case only. I will notify the Clerk of Court should |
| | r, I hereby absolve other counsel of record, if ar ns, pleadings, notices, etc., upon me in this case | ny exist, or pro se parties, from serving any future correspondence, e only. |
| 0 | Please update my name and/or fir follows: | rm information <i>for the above-entitled action only</i> as |
| Forme | r name: | New name: |
| New fi | irm/government agency name: | |
| New a | ddress: | |
| New to | elephone number New facsimile number | New e-mail address (provide only if a registered CM/ECF e-filer) |
| Date: | | |